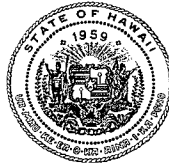


NEIL ABERCROMBIE
GOVERNOR



STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
P.O. BOX 2121
HONOLULU, HAWAII 96805-2121
Oahu (808) 586-7390
Toll Free 1(800) 295-0089
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May 2014

Dear City & County of Honolulu Employee:

If you have a net collection, you should have already received notices entitled "RE: Collection of Additional Premiums Beginning With Your May 31, 2014 Paycheck" and "EUTF HEALTH INSURANCE PREMIUM DEDUCTIONS" in the mail.

We hope the accompanying example paystubs and worksheets will help you understand how to calculate your net collection using your own paystubs and the fillable "BU 12 City & County of Honolulu Net Refund-Collection Worksheet". In addition, we hope the second example will help you understand how your net collection is being collected through your temporary additional payroll deductions by using the fillable "BU 12 City & County of Honolulu Net Collection Worksheet" that can be found at the EUTF website.

If you have further questions, e-mail us at eutfaccounting@hawaii.gov or call the Accounting Department at 586-7390 or toll free at 1-800-295-0089, press "3".

Example of a BU 12 City & County Employee With a Net Collection

Using the payroll deductions from the May 15, 2014 paystub, you can determine the health plans that you are enrolled in by comparing these payroll deductions to the “BU 12 City & County of Honolulu Net Refund-Collection Worksheet” column “Negotiated Semi-Monthly Employee Contribution 07/01/13 – 06/30/14” (see dash boxes). Based on the May 15, 2014 employee contributions, this employee is enrolled in the following:

- Supplemental HMSA Medical, family tier (\$119.22)
- HDS Dental, family tier (\$20.12)

The employee can now calculate his/her net refund by filling in column (A) on the “BU 12 City & County of Honolulu Net Refund-Collection Worksheet” (see bold boxes) with the amounts in column “Difference Refund (Collection)”. In this example, it’s assumed that the employee was employed the entire July 1, 2013 to December 31, 2013 period and enrolled in the same plans and tier levels. The net collection (additional premiums due) for this employee is \$303.24.

To understand how your net collection is being collected through your temporary additional payroll deductions go to the “BU 12 City & County of Honolulu net collection example – 2”.

BU 12 City & County of Honolulu Net Refund-Collection Worksheet

Benefit Plan	Type of Enrollment	Actual Semi-Monthly Employee Contribution 07/01/13 - 12/31/13	Negotiated Semi-Monthly Employee Contribution 07/01/13 - 06/30/14	Difference Refund (Collection)
MEDICAL PLANS				
PPO - 90/10 Plan - HMSA Medical RSN Chiropractic	Self	\$73.10	\$70.73	\$2.37
	Two-Party	\$182.15	\$176.52	\$5.63
	Family	\$236.02	\$228.87	\$7.15
PPO - 80/20 Plan - HMSA Medical RSN Chiropractic	Self	\$60.28	\$57.91	\$2.37
	Two-Party	\$150.09	\$144.46	\$5.63
	Family	\$194.44	\$187.29	\$7.15
PPO - 75/25 Plan - HMSA Medical RSN Chiropractic	Self	\$45.12	\$42.75	\$2.37
	Two-Party	\$112.19	\$106.56	\$5.63
	Family	\$145.32	\$138.17	\$7.15
EUTF Prescription Drug - CVS Caremark	Self	\$11.48	\$10.40	\$1.08
	Two-Party	\$28.69	\$25.96	\$2.73
	Family	\$37.15	\$33.68	\$3.47
HMSA HMO Prescription Drug - CVS Caremark RSN Chiropractic	Self	\$91.50	\$102.55	(\$11.05)
	Two-Party	\$228.33	\$256.18	(\$27.85)
	Family	\$295.80	\$332.21	(\$36.41)
HMO - Kaiser Comprehensive Medical Kaiser Prescription Drug RSN Chiropractic	Self	\$102.12	\$98.67	\$3.45
	Two-Party	\$254.58	\$246.22	\$8.36
	Family	\$329.77	\$319.15	\$10.62
HMO - Kaiser Standard Medical Kaiser Prescription Drug RSN Chiropractic	Self	\$37.58	\$34.13	\$3.45
	Two-Party	\$93.20	\$84.84	\$8.36
	Family	\$120.61	\$109.99	\$10.62
Supplemental - HMSA Medical HMSA Supplemental Prescription Drug RSN Chiropractic	Self	\$31.65	\$36.22	(\$4.57)
	Two-Party	\$79.03	\$90.72	(\$11.69)
	Family	\$104.15	\$119.22	(\$15.07)
Supplemental - Royal State National Supplemental Prescription Drug RSN Chiropractic	Self	\$8.52	\$8.85	(\$0.33)
	Two-Party	\$21.15	\$21.76	(\$0.61)
	Family	\$23.52	\$24.60	(\$1.08)
DENTAL PLAN				
HDS Dental	Self	\$5.55	\$6.12	(\$0.57)
	Two-Party	\$11.08	\$12.24	(\$1.16)
	Family	\$9.92	\$20.12	(\$10.20)
VISION PLAN				
VSP Vision	Self	\$1.20	\$1.21	(\$0.01)
	Two-Party	\$2.20	\$2.24	(\$0.04)
	Family	\$2.88	\$2.92	(\$0.04)

Calculation of Net Refund (Collection) (E.g. - family HMSA supplemental and family dental)

	Difference (A)	# Pay Periods (B)	Total (A) X (B)
Medical or supplemental plan	(\$15.07)	12	(\$180.84)
Prescription drug	\$0.00	12	\$0.00
Dental	(\$10.20)	12	(\$122.40)
Vision	\$0.00	12	\$0.00

Net refund (collection) (C) (\$303.24)

(A) Enter in the amount from column "Difference Refund (Collection)" above based on the specific plan and tier level that the employee was enrolled during the period 07/01/13 - 12/31/13.

(B) Enter in the number of pay periods that the employee had coverage during the period 07/01/13 - 12/31/13. If you had coverage the entire period, enter 12.

(C) If this amount is a net refund, it will be shown as EUTF REFUND on you June 15, 2014 paycheck. If this amount is a net collection, go to the worksheet entitled "C&C BU 12 Net Collection Worksheet".

DISCLAIMER

All users of this worksheet acknowledge and agree that:

1. This worksheet provides an unofficial estimate of refunds/collections to be paid by/to the EUTF, whichever is applicable;
2. The EUTF retains no record of estimates produced by the worksheet;
3. The EUTF has no liability or obligation to pay any amount as a result of using this worksheet
4. This estimate is not construed in any way as a promise or contract with EUTF that the EUTF will refund/collect the amount calculated.

All health insurance benefits shall be determined by the EUTF in accordance with the laws in effect at the time.

Pay Period End Date:04-30-2014

CITY AND COUNTY OF HONOLULU



Check Date: 05-15-2014

Check Number: 00000000

Control Number:

Payroll Number:

Employee ID:00000

Dept/Unit:

Total Gross Amt:

YTD Gross Amt::

FED/ST TAX Exempt

Pay Location:

Total Deductions Amt:

Net Pay Amt:

S 00 M 00

EARNINGS

Description	Pay Rate	Input Amount	Pay Amount
REGULAR PAY		86:40	

LEAVE

Description	Cur Acc	Cur Usage	Cur Balance
VACATION	00:00	00:00	
SICK	00:00	00:00	
PLSA VACATION	00:00	00:00	
COMPENSATORY	00:00	00:00	
LWOP REGULAR	00:00	00:00	

DEDUCTIONS

Description	Deduction Amount	YTD Deduction Amount
FEDERAL TAX		
FWT ADDL WH		
STATE TAX		
SWT ADDL WH		
MEDICARE EE		
MEDICAL POST TX	\$119.22	
DENTAL POST TAX	\$20.12	
VISION POST TAX		
DRUG POST TAX		

TAXABLE FRINGE BENEFITS

Description	Amount	YTD Amount